

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048120

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6629

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
Ammatelli MEDICAL CERTIFICATION

FILED DEC 19 1963

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITYLength of stay in 1b
30 YEARSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 6015 CHERRY STREETInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

JACKSON

c. CITY
OR TOWN KANSAS CITYInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 6015 CHERRY STREETReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

MARY PAULINE

LOUDERMILK

4. DATE
OF DEATH

Month

Day

Year

DECEMBER 5 1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5/30/1909

9. AGE (last birthday)

54

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FILE CLERK

10b. KIND OF BUSINESS OR INDUSTRY

BUSINESS MEN'S

ASSURANCE CO. OF AMERICA

11. BIRTHPLACE (City and state or country)

KANSAS CITY KANSAS

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

GEORGE

BEAN

13b. MOTHER'S MAIDEN NAME

VIOLA

MILLER

14. NAME OF HUSBAND OR WIFE

EARL LOUDERMILK

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

ROBERT E. LOUDERMILK - 9830 LEE BLVD.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cancer Arter

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Myocardial Infarction

DUE TO (c)

Coronary Artery Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug 24, 1963 to Oct 29, 1963 and last saw her alive on Oct 29, 1963
Death occurred at Early A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

A. Ammatelli M.D.

22b. ADDRESS

7546 Troost - KCMo

22c. DATE SIGNED

5 Dec 63

23a. BURIAL, CREATION,
REMOVAL (Specify)

BURIAL

23b. DATE

12-8-63

23c. NAME OF CEMETERY OR CREMATOR

GREENLAWN CEMETERY

23d. LOCATION (City, town, or county)

KANSAS CITY, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

D.N. NEWCOMER'S SONS KANSAS CITY MO

25. DATE RECD. BY LOCAL REG.

10-7-63

26. REGISTRAR'S SIGNATURE

Beasie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

181210-008

0300

Mr. J. D. Ammelle
7546 Truesdell Avenue
1:00.4.30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working-under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Edward M. Storey

Licensed Embalmer No.

4452

P. O. Address

R. C. 10 km

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.